

WITNESS THE HANDS OF THE PARTIES on this the ____ day of _____, **2019.**

HIDALGO COUNTY, TEXAS

By: Richard F Cortez
Richard Cortez, County Judge

ATTEST:

Arturo Guajardo Jr
Arturo Guajardo Jr, Hidalgo County Clerk

APPROVED BY
COMMISSIONERS' COURT
ON: 9/17/19 ms

**CONTRACTOR:
FOUR PAWS ANIMAL HOSPITAL**

By: Justin Cerelli
Printed Name: Dr. Justin Cerelli
Title: Owner / President

APPROVED AS TO FORM:
Office of the Honorable Ricardo Rodriguez
Criminal District Attorney, Hidalgo County

By: Josephine Ramirez-Solis
Josephine Ramirez-Solis,
Assistant District Attorney

Approved by Commissioners Court: Sept. 17, 2019.

EXHIBIT "B"

FEES

"Veterinary Services" Hidalgo County Sheriff's Office

VETERINARY SERVICES/HOURS:

- A. Hours of Operation: 7:30 - 12:00 A.M. to 1:30 - 5:30 P.M.
- B. Hours After/Weekend/Holidays — A.M. to — P.M.
- C. 24-Hour Emergency Service/Care Veterinarian (on call): 956-330-6468
- D. Specific time Technician's Fees will start (specify): after hours

ITEM NO.	DESCRIPTION OF SERVICE	QTY.	PRICE
1	OFFICE VISIT	1	48.25
2	EMERGENCY VISIT	1	120.00
3	ANNUAL VACINATION PARVO/DISTEMPER	1	25.00
4	BORDETELLA VACCINE	1	19.00
5	RATTLE SNAKE VACCINE	1	29.00
6	LEPTO VACCINE	1	Included with yearly examination
7	RABIES VACCINE	1	17.55
8	HEART GARD 51-100 LBS. (6-MOS) PRO-HEART	1 Box	80.10
9	FRONTLINE 45-88 LBS. (6-MOS) NEXT GUARD	1 Box	154.14
10	ANNUAL WELLNESS EXAM	1	46.29
11	WELLNESS SCREEN	1	168.00
12	HEARWORM TEST	1	54.00
13	FECAL EXAMINATION	1	20.00

*Mark Up (%) Percentage Rate for **Prescription/Medical Supplies** if applicable: _____

VENDOR/COMPANY NAME: Four Paws Animal Hospital

ADDRESS: 214 Lonquest Blvd.

CITY/STATE/ZIP CODE: Edinburg, TX 78539

E-MAIL ADDRESS: jscdvm@gmail.com

PHONE No.: 956-383-2202-Office 956-776-2288-Cell FAX No.: 956-383-5153

AUTHORIZED SIGNATURE: 

PRINTED NAME: Justin Cerelli

TITLE: President DATE: _____



FOURPAW-01

JCASAS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Shepard Walton King Insurance Group 121 West Pecan Blvd. Mcallen, TX 78501		CONTACT NAME: Jannet Castaneda PHONE (A/C, No, Ext): (956) 682-2841 4013 FAX (A/C, No): (956) 630-4015 E-MAIL ADDRESS: jcastaneda@swkins.com	
INSURED Dr. Justin Cerelli DVM, PC 214 Conquest Blvd. Edinburg, TX 78539		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Tri-State Insurance Company of Minnesota 31003 INSURER B : Continental Western Insurance Company 10804 INSURER C : Texas Mutual Insurance Company 22945 INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ADV 4786875-10	10/7/2018	10/7/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ADV 4786875-10	10/7/2018	10/7/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$			CUA4791062-10	10/7/2018	10/7/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ Aggregate \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0001299013	1/1/2019	1/1/2020	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Hidalgo County Sheriff's Office 711 El Cibolo Rd Edinburg, TX 78539	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Shepard Walton King Insurance Group</i>
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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Four Paws Animal Hospital
Edinburg, TX United States

Certificate Number:
2019-532001

Date Filed:
08/22/2019

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County Sheriff's Office

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
c-17-148
veterinary services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cerelli, Justin	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.

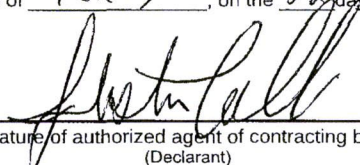
6 UNSWORN DECLARATION

My name is Justin Cerelli, and my date of birth is 06/08/1973.

My address is 214 Conquest (street), Edinburg (city), TX (state), 78539 (zip code), Hidalgo (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 22 day of August, 20 19.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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Hidalgo County Sheriff's Office

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c-17-148
veterinary services

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			Controlling	Intermediary
	Cerelli, Justin	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)